

STATE OF ALASKA

FRANK MURKOWSKI, GOVERNOR

DEPARTMENT OF REVENUE

CHILD SUPPORT SERVICES DIVISION

Please Reply To:

CSSD, MS

550 WEST 7th AVE., SUITE 310
ANCHORAGE, AK 99501-6699

WITHDRAWAL FROM FORMAL HEARING

Date: _____
CSSD Case No.: _____

I hereby withdraw from the Formal Hearing (AS 25.27.190) and accept the Administrative Review Decision dated _____, as written.

Print Name

Signature

SUBSCRIBED AND SWORN to before me this _____ day of _____, 20__.

Notary Public in and for Alaska
My commission expires: _____

CSSD 04-1916 (Rev 05/20/04)

TOLL FREE (In-state, outside Anchorage): (800) 478-3300

ANCHORAGE: (907) 269-6900 FAX: (907) 269-6813 or 6914

SOUTHEAST: (907) 465-5887

FAIRBANKS: (907) 451-2830

MAT-SU: (907) 357-3550

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